

REPORTING DEPARTMENT

CRASH INVESTIGATION SH 10074 REVISED April 4, 2005 NMDOTUCR		<input type="checkbox"/> ON PRIVATE PROPERTY	<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY	PROPERTY DAMAGE ONLY <input type="checkbox"/> UNDER \$500 <input type="checkbox"/> \$500 OR MORE	<input type="checkbox"/> HIT AND RUN	Case Number:	
DATE OF CRASH 5/6/2007		MILITARY TIME	CITY OCCURRED IN			COUNTY	
SUN <input checked="" type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>	OCCURRED ON: (Route No. or Name)				AT INTERSECTION WITH:		TRIBAL LAND? <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER LOCATION	<input type="checkbox"/> FEET <input type="checkbox"/> MILES	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	OF: PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST				LAT: LONG:
CRASH OCCURRED <input type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		CRASH CLASSIFICATION <input type="checkbox"/> Overturned <input type="checkbox"/> Rollover <input type="checkbox"/> Other N-Col <input type="checkbox"/> R.R. Train <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedal Cyclist <input type="checkbox"/> Other Vehicle <input type="checkbox"/> Animal <input type="checkbox"/> Vehicle on Other Rdwy <input type="checkbox"/> Fixed Object <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Other Object				ANALYSIS CODE:	
VEHICLE NO. 1 HEADED N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> On:		Posted Speed		Safe Speed			
Driver's Full Name		Address					
Driver's License Number		State	Type	Restrictions	Expires	City/State	Zip Code
Date of Birth - M/D/YR		Social Security Number		Occupation		Age	Sex (M/F)
Race		Injury Code		OP Code		OP Used Properly	Airbag Deploy
Ejected		EMS#					
Seat Pos	Occupant's Name		Occupant's Address (City, State, Zip)				
Vehicle Yr		Vehicle Make	Color	Body S <input type="checkbox"/> M <input type="checkbox"/>	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)
License Yr	State	License Plate Number	VIN		Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overall Vehicle Damage: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None	Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None
US DOT		ICC Docket #		Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	OR Hazmat Name	AND 1 digit #
Number of Axles	Gross Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> < or = 10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> > 26,000		Hazmat Placard 4 digit #		OR Hazmat Name	AND 1 digit #	Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No
Carrier's Name		Carrier's Address				Carrier's Zip	
Owner's Name		Owner's Address				Owner's Zip	
Owner's Telephone							
Insured By: (Name of Company)		Policy Number	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer or Towed vehicles	Type	Year	Make
License Yr		Lic. State	Lic. Number				

VEHICLE NO. 2 OR PEDESTRIAN HEADED N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> On:		Posted Speed		Safe Speed			
Driver's Full Name		Address					
Driver's License Number		State	Type	Restrictions	Expires	City/State	Zip Code
Date of Birth - M/D/YR		Social Security Number		Occupation		Age	Sex (M/F)
Race		Injury Code		OP Code		OP Used Properly	Airbag Deploy
Ejected		EMS#					
Seat Pos	Occupant's Name		Occupant's Address (City, State, Zip)				
Vehicle Yr		Vehicle Make	Color	Body S <input type="checkbox"/> M <input type="checkbox"/>	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)
License Yr	State	License Plate Number	VIN		Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overall Vehicle Damage: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> None	Extent: <input type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Appearance <input type="checkbox"/> Property <input type="checkbox"/> Fire <input type="checkbox"/> None
US DOT		ICC Docket #		Interstate Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Towed due to disabling damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	OR Hazmat Name	AND 1 digit #
Number of Axles	Gross Vehicle Weight Rating/Gross Combination Weight Rating <input type="checkbox"/> < or = 10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> > 26,000		Hazmat Placard 4 digit #		OR Hazmat Name	AND 1 digit #	Hazmat Released? <input type="checkbox"/> Yes <input type="checkbox"/> No
Carrier's Name		Carrier's Address				Carrier's Zip	
Owner's Name		Owner's Address				Owner's Zip	
Owner's Telephone							
Insured By: (Name of Company)		Policy Number	Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trailer or Towed vehicles	Type	Year	Make
License Yr		Lic. State	Lic. Number				

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STATE OF NEW MEXICO UNIFORM CRASH REPORT
ISSUING AGENCY COPYSHEET
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ROAD - WEATHER	LIGHTING (Mark 1 with X)	WEATHER (Mark 1 with X)	ROAD COND (Mark 1 each with X)	ROAD SURFACE (Mark 1 each with X)	TRAFFIC CONTROL (Mark 1 each with X)	ROAD CHARACTER (Mark 1 with X)	CRASH REPORT NUMBER: Error: Reference source not found			
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	VError: Reference source not found VError: Reference source not found <input type="checkbox"/> <input type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Loose Material <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> <input type="checkbox"/> Slush	VError: Reference source not found VError: Reference source not found <input type="checkbox"/> <input type="checkbox"/> Paved Unstripped <input type="checkbox"/> <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> <input type="checkbox"/> Paved Center & Edge line <input type="checkbox"/> <input type="checkbox"/> Unpaved	VError: Reference source not found VError: Reference source not found <input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input type="checkbox"/> <input type="checkbox"/> Traffic Signals <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> R.R. Gate <input type="checkbox"/> <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> <input type="checkbox"/> Flashers <input type="checkbox"/> <input type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input type="checkbox"/> Curve GRADE (Mark 1 with X) <input type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	ROAD DESIGN (Mark 1 or more for each with X) VError: Reference source not found VError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> 1 Lane <input type="checkbox"/> <input type="checkbox"/> 2 Lanes <input type="checkbox"/> <input type="checkbox"/> 3 Lanes <input type="checkbox"/> <input type="checkbox"/> 4 + Lanes <input type="checkbox"/> <input type="checkbox"/> Undivided <input type="checkbox"/> <input type="checkbox"/> Physical Divider <input type="checkbox"/> <input type="checkbox"/> Painted Divider VError: Reference source not found VError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> One Way <input type="checkbox"/> <input type="checkbox"/> Ramp <input type="checkbox"/> <input type="checkbox"/> Full Access Control <input type="checkbox"/> <input type="checkbox"/> Undeveloped <input type="checkbox"/> <input type="checkbox"/> Alley <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Constr. Zone			
	APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X)						WHAT DRIVERS WERE DOING (Mark 1 or more for each with X)		SEQUENCE OF EVENTS (See event codes)	
EVENT	VError: Reference source not found VError: Reference source not found <input type="checkbox"/> <input type="checkbox"/> Excessive Speed <input type="checkbox"/> <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> <input type="checkbox"/> Passed stop sign <input type="checkbox"/> <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> <input type="checkbox"/> Drove left of center <input type="checkbox"/> <input type="checkbox"/> Improper overtaking <input type="checkbox"/> <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> <input type="checkbox"/> Avoid no contact – other <input type="checkbox"/> <input type="checkbox"/> Cell Phone <input type="checkbox"/> <input type="checkbox"/> Low Visibility due to smoke		VError: Reference source not found VError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> Following too closely <input type="checkbox"/> <input type="checkbox"/> Made improper turn <input type="checkbox"/> <input type="checkbox"/> Driver inattention <input type="checkbox"/> <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> <input type="checkbox"/> Other improper driving <input type="checkbox"/> <input type="checkbox"/> Pedestrian error <input type="checkbox"/> <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> <input type="checkbox"/> Failed to yield–Police Vehicle(s) <input type="checkbox"/> <input type="checkbox"/> Failed to yield–Emergency Veh(s) <input type="checkbox"/> <input type="checkbox"/> High speed pursuit		VError: Reference source not found VError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> Defective steering <input type="checkbox"/> <input type="checkbox"/> Defective tires <input type="checkbox"/> <input type="checkbox"/> Other mechanical defect <input type="checkbox"/> <input type="checkbox"/> Road defect <input type="checkbox"/> <input type="checkbox"/> Other No driver error <input type="checkbox"/> <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> <input type="checkbox"/> Improper lane change <input type="checkbox"/> <input type="checkbox"/> Improper backing <input type="checkbox"/> <input type="checkbox"/> None		VError: Reference source not found VError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> Going Straight <input type="checkbox"/> <input type="checkbox"/> Overtaking – Passing <input type="checkbox"/> <input type="checkbox"/> Right Turn <input type="checkbox"/> <input type="checkbox"/> Left Turn <input type="checkbox"/> <input type="checkbox"/> U Turn <input type="checkbox"/> <input type="checkbox"/> Slowing <input type="checkbox"/> <input type="checkbox"/> Backing		VError: Reference source not found VError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> Stopped for traffic <input type="checkbox"/> <input type="checkbox"/> Stopped for sign/signal. <input type="checkbox"/> <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> <input type="checkbox"/> Start from park <input type="checkbox"/> <input type="checkbox"/> Parked <input type="checkbox"/> <input type="checkbox"/> Other	VError: Reference source not found VError: Reference source not found Reference source not found FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT
	DRIVER OR PEDESTRIAN SOBRIETY (Mark 1 or more for each with X) DError: Reference source not found DError: Reference source not found <input type="checkbox"/> <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> <input type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> <input type="checkbox"/> Consumed Medication <input type="checkbox"/> <input type="checkbox"/> Breath Test Administered <input type="checkbox"/> <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> <input type="checkbox"/> Field Sobriety Test		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X) DError: Reference source not found DError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> <input type="checkbox"/> Ill <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Amputee <input type="checkbox"/> <input type="checkbox"/> No App. Defects <input type="checkbox"/> <input type="checkbox"/> *Other Physical Impairment		PEDESTRIAN ACTION At Intersection PError: Reference source not found PError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> With Signal <input type="checkbox"/> <input type="checkbox"/> Against Signal <input type="checkbox"/> <input type="checkbox"/> No Signal <input type="checkbox"/> <input type="checkbox"/> Diagonal Not at Intersection PError: Reference source not found PError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> From Behind Obstruction <input type="checkbox"/> <input type="checkbox"/> No Crosswalk <input type="checkbox"/> <input type="checkbox"/> Crosswalk <input type="checkbox"/> <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> <input type="checkbox"/> *Other		PError: Reference source not found PError: Reference source not found Reference source not found <input type="checkbox"/> <input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> <input type="checkbox"/> Standing <input type="checkbox"/> <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> Playing in Road			
	NARRATIVE Describe what happened – refer to vehicles by number.									
	Use Diagram/Narrative Sheet for additional information									
	OTHER PROPERTY INVOLVED		DESCRIPTION OF PROPERTY AND DAMAGE							
Owner's Name			Owner's Address		Owner's Zip Code	Owner's Telephone				
WITNESS	NAME		AGE	ADDRESS			TELEPHONE			
ENFORCEMENT	VEH. NO.	NAME		VIOLATION (COMMON NAME)			ACTION			
							<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending			
							<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending			
Time Notified		Time Arrived		Notified By		Supervisor at Scene		Checked By		
Officer's Signature				Print Officer's Name			Rank	ID No.	District	Date of Report
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DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

CRASH REPORT NUMBER Error: Reference source not found	CASE NUMBER Error: Reference source not found	DIAGRAM DRAWN BY:	MEASUREMENTS TAKEN BY:
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Indicate
North
By
Arrow

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